



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known

Application Number	09/632,735
Filing Date	August 4, 2000
First Named Inventor	BAEZA-RAMIREZ
Examiner Name	K. Padmanabhan
Group Art Unit	1641
Attorney Docket Number	2480-103

Total Number of Pages in This Submission 4

## ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Request for Reconsideration              | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input checked="" type="checkbox"/> Declaration under Rule 312               | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  | <b>Exhibits 1 and 2</b>  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   | <b>Exhibits A and B</b>  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s)  |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

REMARKS:

RECEIVED

APR 29 2003

TECH CENTER 1600/2900

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	George R. Repper, Reg. No. 31,414				
SIGNATURE		DATE	4-28-03	DEPOSIT ACCOUNT USER ID 02-2135	